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Prostate Cancer Committee Meeting #3
August 6, 2002, 4-6pm
Johns Hopkins Bunting-Blaustein Bldg, Rm 1M06
MINUTES

➪**Introductions and Evaluation Summary (Donna Cox)**
Members were asked to introduce themselves by name and affiliation. Ms. Cox reported that overall, the comments regarding the last meeting were mixed, with some members indicating the presentations were too scientific and data-oriented.

➪**Presentation: "Screening for Prostate Cancer"**
Dr. David Atkins, Science Advisor for the U.S. Preventive Services Task Force
Dr. Atkins first explained the characteristics of an effective screening test and then introduced a model for decreasing morbidity and mortality from prostate cancer. He suggested several reasons to be conservative about screening, including possible harm to healthy people. Dr. Atkins explained the concepts of lead-time bias and length bias. He then discussed several problems with screening for prostate cancer, which include false-positive results, uncertain/variable progression of cancers, lack of evidence of treatment efficacy, and potential harms of screening and treatment. He discussed the efficacy of early treatment for prostate cancer, which often depends on the life-expectancy of the patient and the risk of progression of the disease. He used a figure to indicate the large differences in percent of patients with an elevated PSA, percent that will have prostate cancer detected by screening, and the percent that will actually die of the disease. He discussed what patients should know about screening and went on to describe the potential harms of treatment for prostate cancer. He concluded that widespread screening is not appropriate in the absence of definitive data showing efficacy but that individual screening is reasonable alongside informed decision-making.

➪**Presentation: "Prostate Cancer: To Screen or Not to Screen?"**
Dr. Howard Parnes, Chief, Prostate & Urologic Cancer Research Group, Division of Cancer Prevention, National Cancer Institute
Dr. Parnes reviewed the incidence and mortality of prostate cancer in the U.S. and indicated that the incidence of this disease mirrors the rates of PSA testing. He reviewed the evidence supporting screening, stating that the PSA test increases detection and allows earlier diagnoses. However, he indicated that the subsequent increase in diagnostic procedures and treatment might be considered harming the patient. Dr. Parnes emphasized that we should differentiate between what we know and what we believe regarding the PSA test. We know that screening causes a stage shift, meaning we have earlier diagnoses. However, cure is not always possible and thus the stage shift does not necessarily indicate a benefit. Dr. Parnes reviewed several studies currently underway, including the PLCO trial and the PIVOT study. He also described the possible negative effects of treatment, including incontinence, bowel dysfunction, and sexual dysfunction. Dr. Parnes also reviewed the recommendations of the American Cancer Society and the American Urological Association regarding screening for prostate cancer.

➪**Questions and Discussion**
Questions and discussion following the presentations centered around informed consent, high-risk populations including African-American men, different types of PSA, PSA velocity, and how to provide treatment for those that have positive screening tests.